

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number: <b>CS21931RL</b>	<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>MAR 13 2006</b>
In re Application of	Pecen, Mark et al.		
Application Number	10/712,636	Filed 11/13/2003	
For	METHOD AND APPARATUS FOR VIRTUAL BEARER		
Group Art Unit	2683	Examiner	Huynh, Chuck

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):

<input type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$ 120.00
<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$ 450.00
<input checked="" type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$ 1020.00
<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$ 1590.00
<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$ 2160.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ \_\_\_\_\_

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to  
 Deposit Account Number **502117** Deposit Account Name: Motorola, Inc.

☒ I have enclosed a duplicate copy of this sheet.

I am the:


☐ Applicant/inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

☒ Attorney or agent of record (Registration No.: 34,479)

☐ Attorney or agent under 37 CFR 1.34(a)  
 Registration number if acting under 37 CFR 1.34(a) **34,479**

3-13-2006  
 Date

  
 Signature  
 Randall S. Vaas  
 Type or printed name

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
 Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 form(s) are submitted

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being sent by facsimile  
 addressed to: 561-273-8300

03/13/2006

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Typed or printed name	Randall Vaas
Signature	